

**N-12 Oral Care**

Purpose: To provide guidance for the resident's mouth, teeth, and denture care.

Oral care information:

Daily brushing and flossing of natural teeth is done to maintain good oral health. Oral care is completed at least 2X each day; ideal times are after meals and at bedtime.

Oral care minimizes the accumulation of plaque on resident's teeth. Plaque leads to tooth decay and gum disease.

Oral care is done at the sink for physical cues, like faucet and water.

The resident's oral care plan is reviewed; cognition, behaviors, communication, sensory and functional status are considered.

Supplies are assembled and ready at the resident's sink.

Talk with the resident about what the resident and the CNA will be doing.

The resident is positioned to prevent aspiration of foreign material into the lung. Safe positions include standing or sitting by the sink, or lying with the head on the caregiver's lap, or lying on the side. Hemiplegic residents lie with the paralyzed side up.

A toothbrush is used with a small head, soft bristles, and larger handle with rubberized grip.

A pea-sized amount of toothpaste is applied to the brush. Use only water for residents with swallowing difficulties.

Dry mouth:

Symptoms of dry mouth are pain (burning tongue), shiny gums, foamy or thick saliva, sticky tongue, and altered taste. The lower lip may be red and irritated, and the tongue may be red and shiny.

Dry mouth can lead to root decay, cavities, increased acidity and bacterial growth, enamel erosion, and oral fungal infection (thrush).

Dry mouth is caused by side effect of medications, systemic disease that dries the salivary glands, and normal aging.

Care of dry mouth is with an oral lubricant or saliva substitute, sugar free chewing gum or lozenge, water, vitamin E chap stick, and prescriptions medications.

Bad breath:

Bad breath can be caused by food particles in the mouth, allergy drainage, cavities, and gum disease.

Care of bad breath is to ensure regular and adequate brushing, refer to dentist if have cavities, and refer to physician if problem continues.

Root decay:

Gums recede due to a history of hard brushing that exposes the root. The surface of the root is softer than the tooth enamel.

Elders are at risk for root decay due to receding gums, multiple medications, and lack of oral hygiene due to decreased dexterity, forget to brush, and indifference about care.

Alert the dentist or physician about loose teeth, bad odor, long teeth (exposed roots), and calculus build up.

Giving oral care:

While giving oral care, report findings like cracked corners of lips, thrush fungal infection, denture soreness, canker sores, herpes (cold sores or fever blisters), and hairy tongue.

Oral hygiene instructions include:

- Brush in a circular motion.
- Brush at the gum line.
- Use a rotary or battery powered brush if available.
- Don't use a water pik if water may be aspirated.
- If mouth can't be opened, use a tongue blade wrapped with gauze to prop the mouth open.

Denture care:

Remove dentures and partials daily while sleeping.

Clean dentures with a denture brush after meals and before storing.

Rinse dentures after cleaning or soaking with denture solution. Don't soak dentures in Listerine mouthwash.

Handle dentures with great care. To avoid accidentally dropping them, stand over a folded towel when handling dentures.

Dentures should never be placed in hot water, as it can cause them to warp.

Uncooperative resident:

Greet resident and approach from the front. During oral care, stand behind the resident, cradle the head, explain what is being done, and hold the chin in hand. Use a gentle touch.

Develop an oral care routine, the same time each day in a quiet, distraction free place.

Use more than one CNA if needed.

Give resident something to hold in their hands, to occupy the hands.

Use short simple directions, one step at a time. Use prompts during care. Use non-verbal cues, expressions, and body contact.

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